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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/126,169 03/25/1999 ✓

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/10/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

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## TITLE

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